

# 2011 Military Health System Conference

Total Force + TRICARE = MHS Commitment

**To Reserve Warriors and Their Families:  
Before, During and After Activation**

*The Quadruple Aim: Working Together, Achieving Success*

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January 25, 2011



TRICARE Management Activity

# Agenda



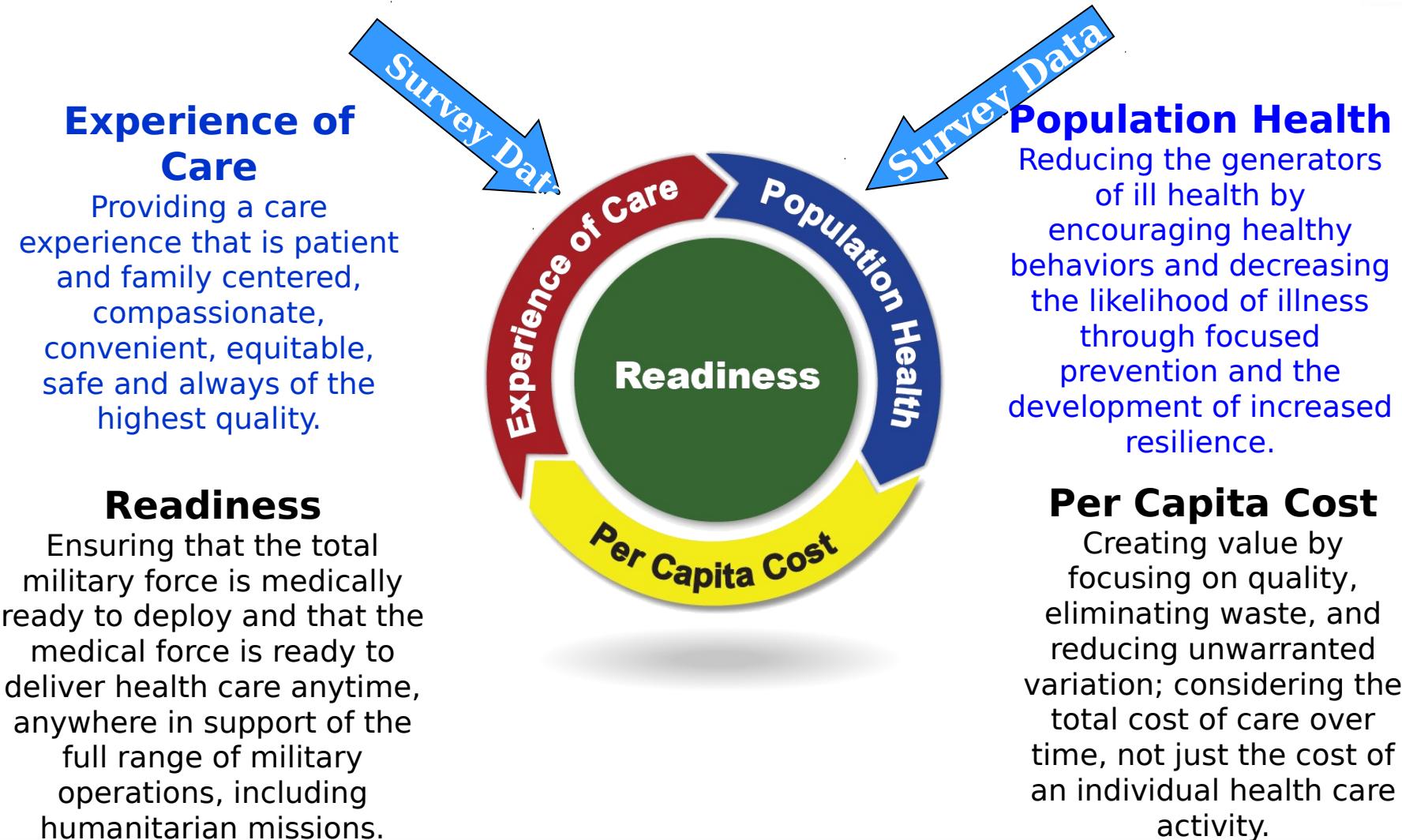
- MHS Survey Program & Relevance to Strategic Imperatives
- Access to and Experience of Care Among the Reserve Component (2007-2009)
- Special Survey of TRICARE Reserve Select enrolled Beneficiaries (2008)
- Access to Civilian Providers Accepting TRICARE Standard and Extra Patients



# DoD Perspective

Military Health System (MHS)  
Survey Program & Relevance to  
Strategic Imperatives

# The Quadruple Aim: The MHS Value Model



# OASD(HA)/TMA & Service SG Core Survey Program



## Event-Based (episode of care) Surveys

- Outpatient Surveys
  - TRICARE Outpatient Satisfaction Survey (TROSS)
    - Direct Care & Purchased Care, Over Time, Across Services
  - Service Outpatient Surveys
    - Army SG: AMEDD Provider Level Satisfaction Survey (APLSS)
    - Navy- BUMED: Navy Medicine Patient Satisfaction Survey (PSS)
    - Air Force SG: Service Delivery Assessment (SDA)
- Inpatient Surveys
  - TRICARE Inpatient Satisfaction Survey (TRISS)
    - Direct Care & Purchased Care, Over Time, Across Services

# OASD(HA)/TMA & Service SG Core Survey Program



## Population Surveys

- *Healthcare Survey of DoD Beneficiaries (HCSDB)*
- DoD Survey of Health Related Behaviors (HRB)
- “Wounded Warrior” surveys
  - HA/TMA III or Injured Survey
  - Army OTSG Warrior Transition Unit (WTU)
- *Survey of Civilian Provider Acceptance of TRICARE Standard*
- Ad-hoc: *TRS*, BRAC
- DMDC- Tailored Surveys
  - e.g. Benefits, Services, Workforce Culture, Equal Opportunity, and Employee Satisfaction



# Access to and Experience of Care Among the Reserve Component

# Health Care Survey of DoD Beneficiaries (HCSDB)



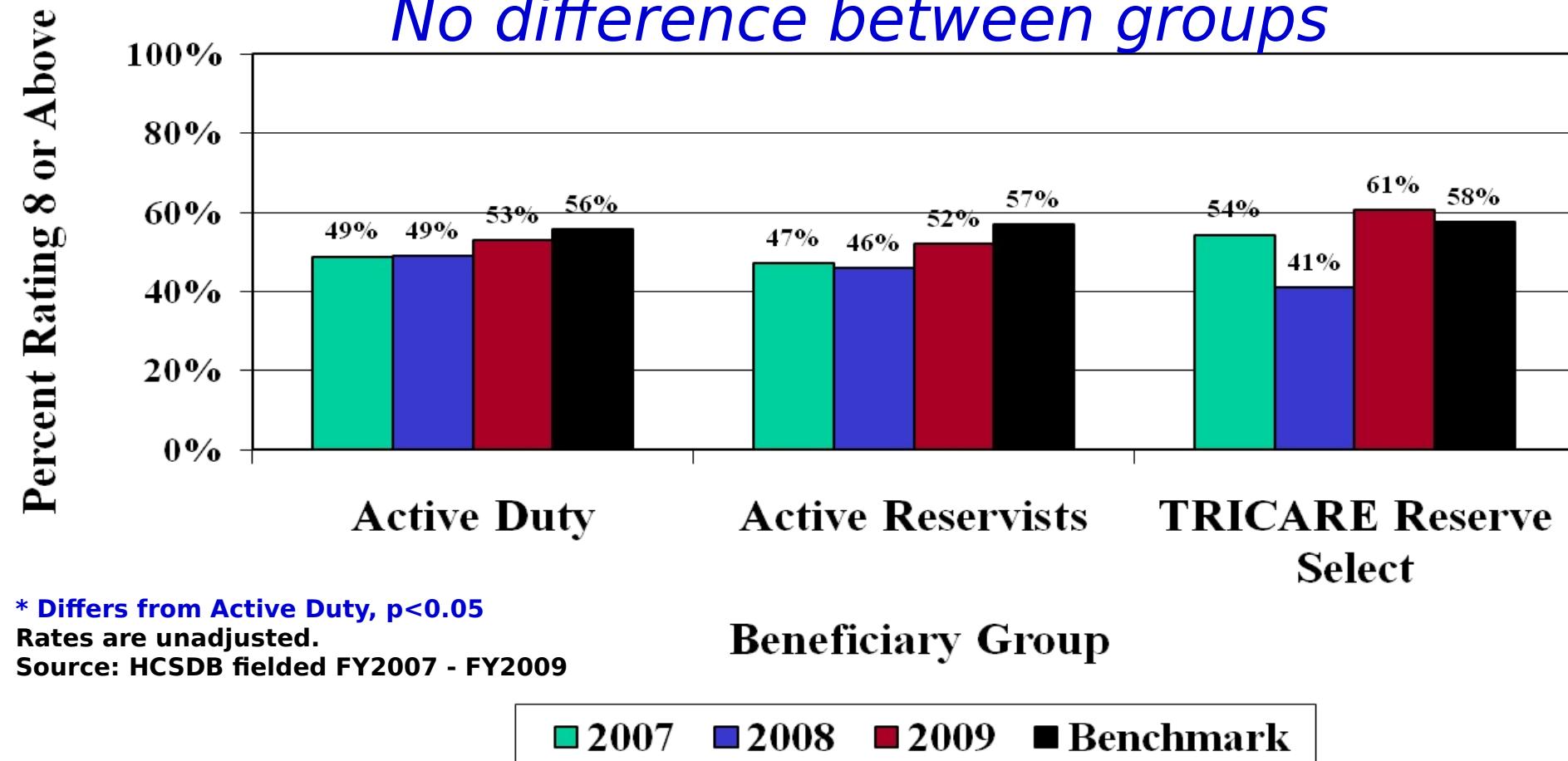
- Results from the HCSDB fielded 2007 through 2009
  - Fielded to stratified sample of 200,000 beneficiaries each year, results weighted to account for sampling, non-response
- Questions are from the [Consumer Assessment of Healthcare Providers and Systems \(CAHPS\)](#) Health Plan Survey
  - The 2007 and 2008 HCSDB used CAHPS Version 3.0.
  - In 2009, both Version 3.0 and Version 4.0 were fielded to 50,000 and 150,000 respectively

# Health Plan Ratings: Active Duty & Reservists



HCSDP Prior Surveys: 2006-2009

*No difference between groups*



\* Differs from Active Duty, p<0.05  
Rates are unadjusted.  
Source: HCSDP fielded FY2007 - FY2009

Beneficiary Group

■ 2007 ■ 2008 ■ 2009 ■ Benchmark

Active Duty excludes Reservists. Active Reservists are covered by TRICARE and not in TRS. Benchmarks are age and health status adjusted from the 2009 NCSDP.

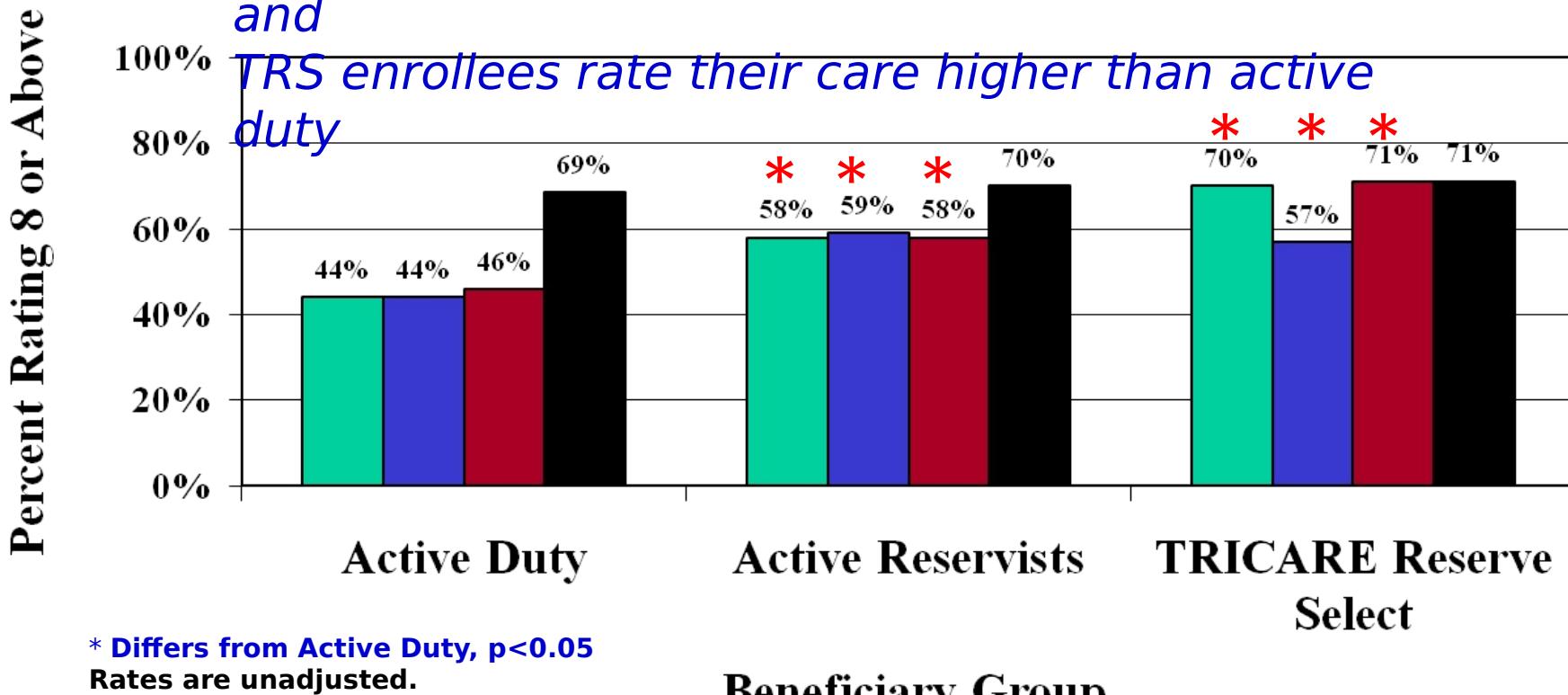
# Health Care Ratings: Active Duty and Reservists



## HCSDB Prior Surveys: 2006-2009

*Difference between groups: Active Reservists and*

*TRS enrollees rate their care higher than active duty*



Beneficiary Group

■ 2007 ■ 2008 ■ 2009 ■ Benchmark

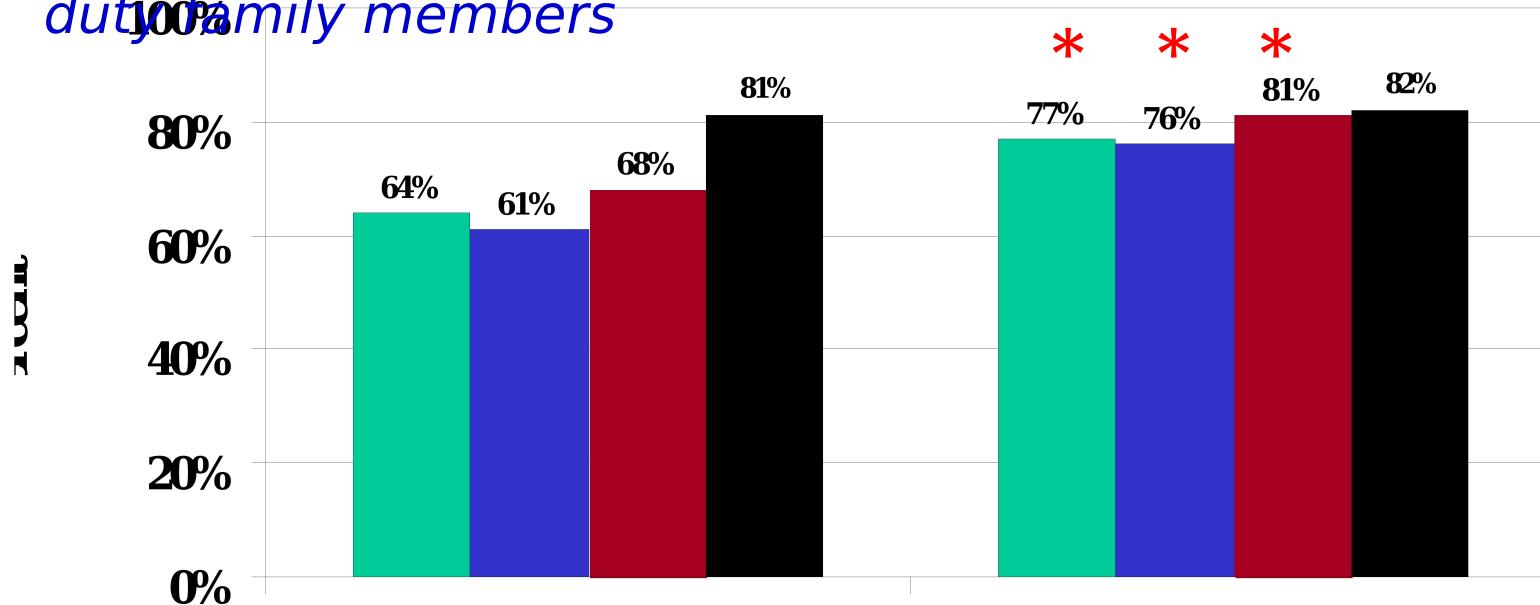
Active Duty excludes Reservists. Active Reservists are covered by TRICARE and not in TRS. Benchmarks are age and health status adjusted from the 2006 NCBD.

# Access to Care - "Usually or Always Get Routine Care when Desired"



## HCSDP Prior Surveys: 2006-2009

*Difference between groups: family members of active Reservists rate access to routine care higher than active duty family members*



\* Differs from ADFM,  $p < 0.05$

Rates are unadjusted.

Source: HCSDP fielded FY2007 - FY2009

ADFM

FM of Active Reservists

Beneficiary Group

■ 2007 ■ 2008 ■ 2009 ■ Benchmark

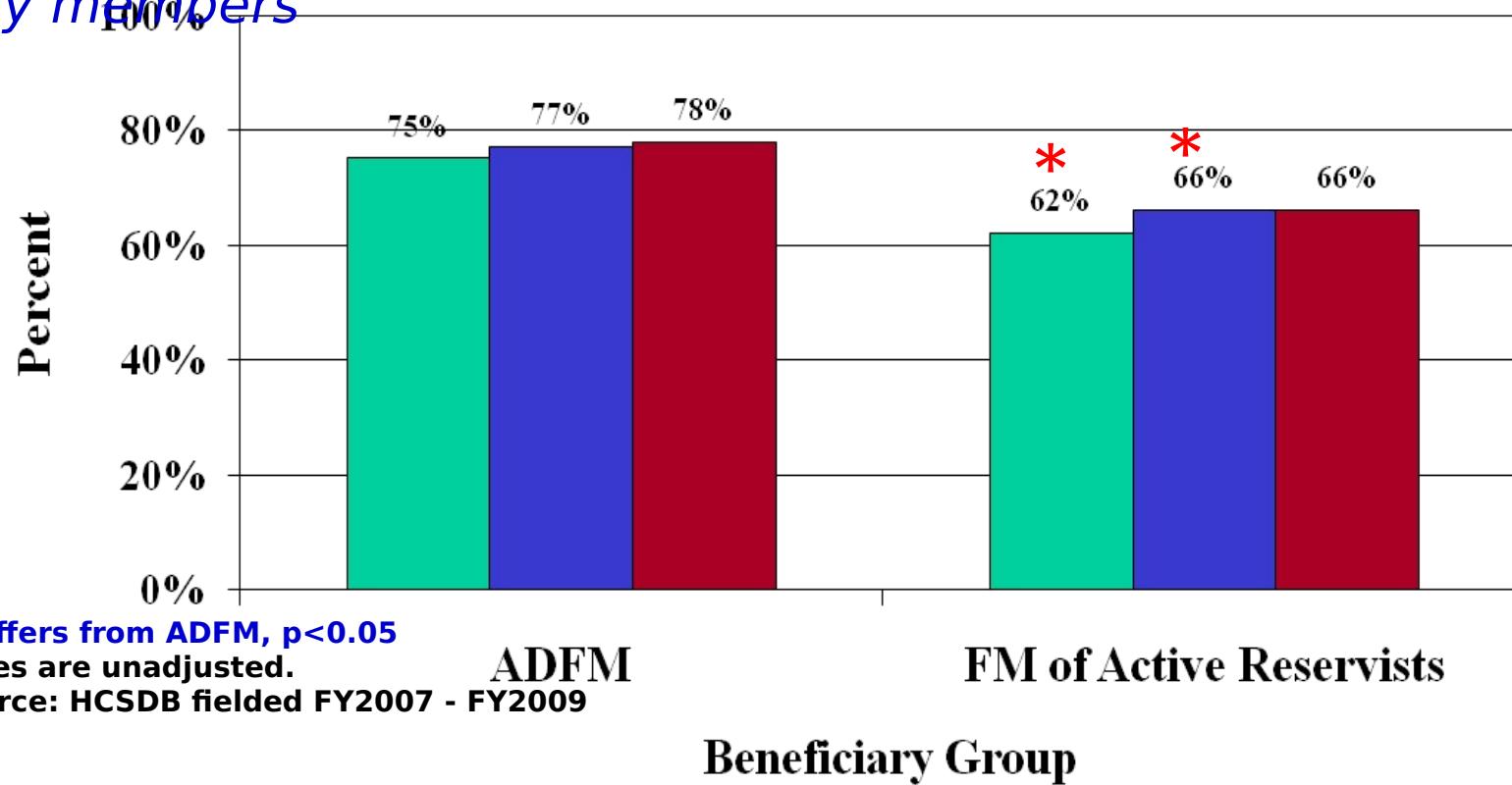
TRICARE users. ADFM excludes FM of Reservists.  
Benchmarks are age and health status adjusted from the  
2006 NCDB.

# Customer Service - “No Problem with Paperwork”



## HCSDB Prior Surveys: 2006-2009

*Difference between groups: Reservist family members rate fewer problems with paperwork in FY 2007 and FY 2008 than active duty family members*



\* Differs from ADFM,  $p < 0.05$

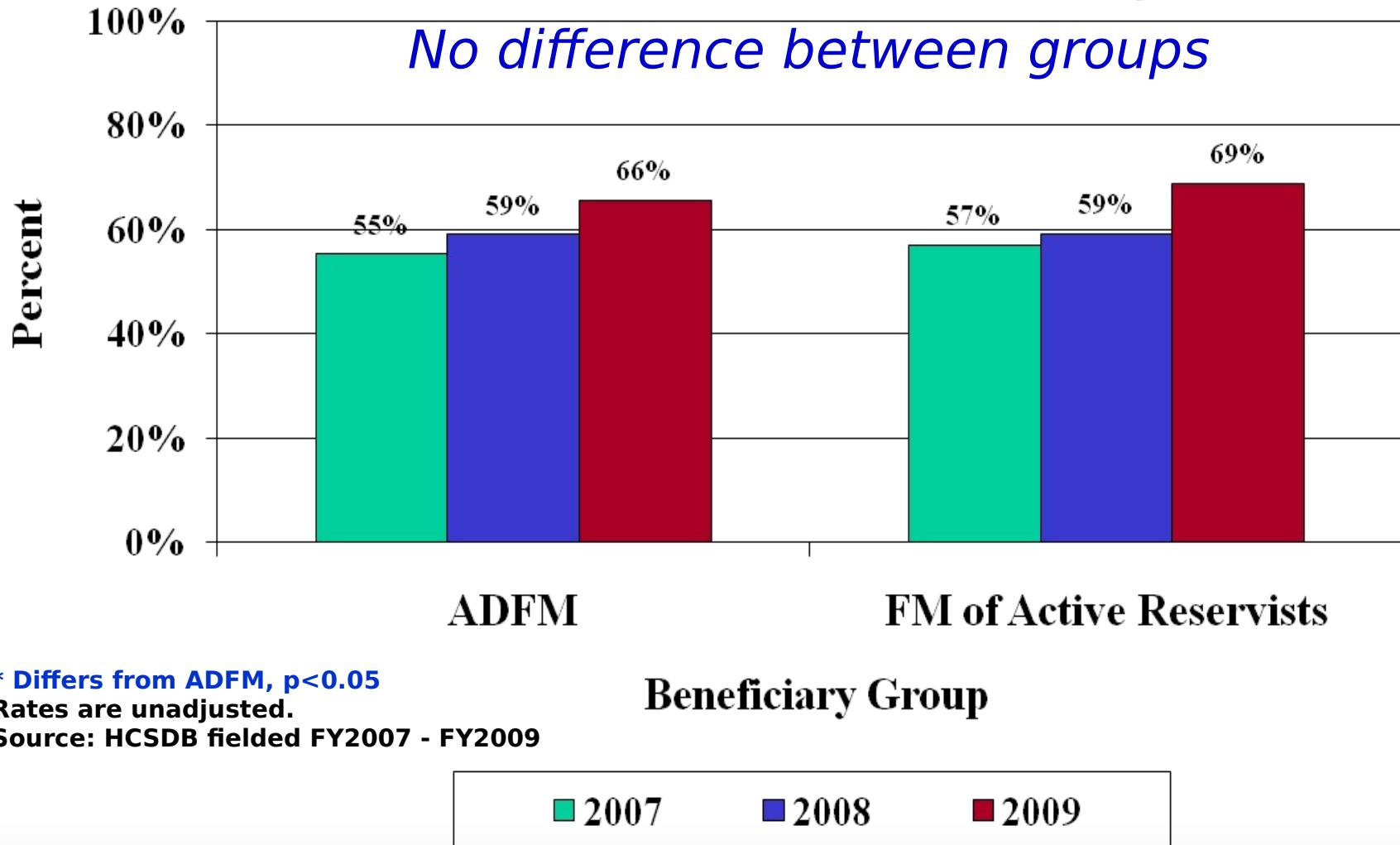
Rates are unadjusted.

Source: HCSDB fielded FY2007 - FY2009

# Customer Service - “No Problem with Customer Service Line”



## HCSDB Prior Surveys: 2006-2009





# **Special Survey of Reserve Component Beneficiaries- TRICARE Reserve Select (2008)**

# Special Survey of Reserve Component Beneficiaries (2008)



- Purpose
  - To better understand Reserve Component motivation for enrolling, or not enrolling, in the TRICARE Reserve Select (TRS) benefits option
  - To compare satisfaction with and access to health care services of TRS adult enrollees to non-enrolled Selected Reserve and to other MHS adult enrolled and non-enrolled family members
- Methodology
  - Randomly surveyed 40,437 Selected Reserve (SelRes) service and family members, roughly split between TRS and non-enrolled, non-mobilized SelRes
    - Survey fielded from April-July 2008
  - Used a common instrument – abbreviated version of Health Care Surveys of DoD Beneficiaries (HCSDB) with TRS-specific questions – and methodology; overall response rate of 18%
- Comparison Groups\*

**TRS enrollees**  
**(Q1/Q2FY08)**

Enrolled Sponsors  
& Family

**SelRes Non-enrollees**  
**MHS ADFM**

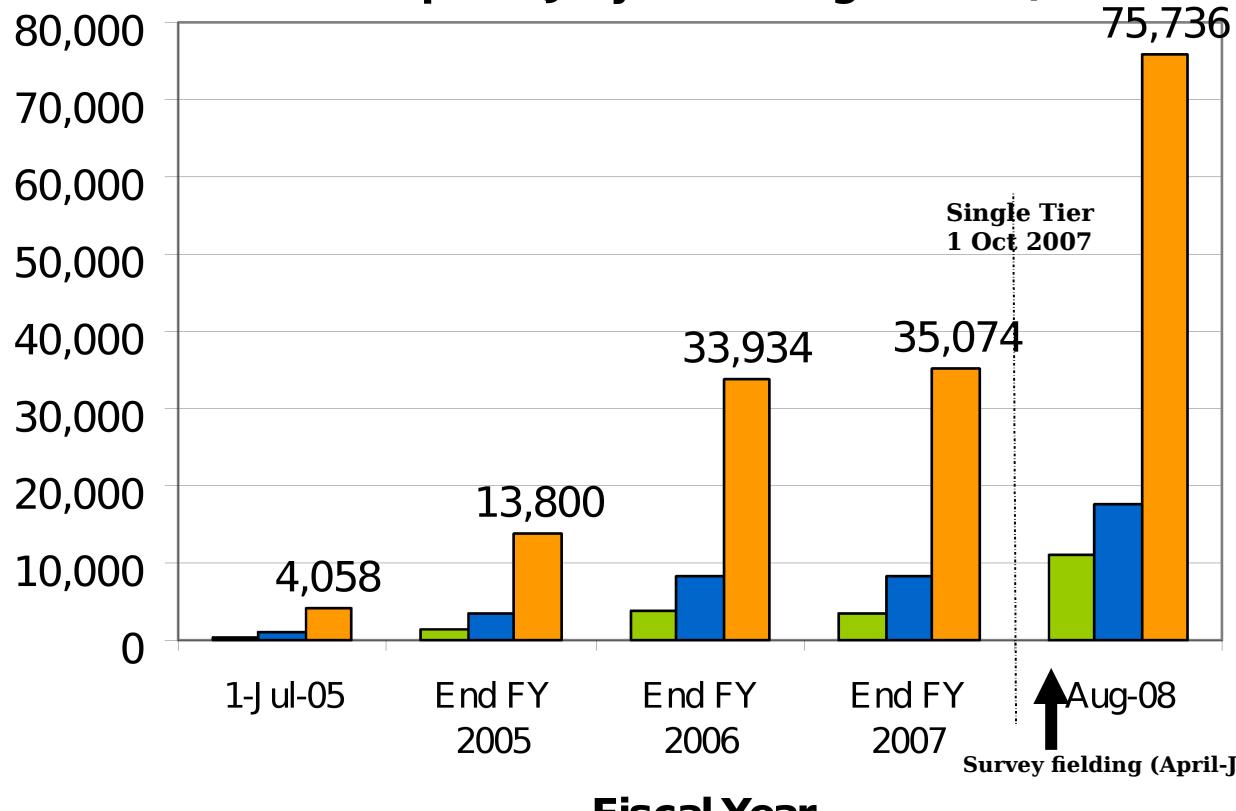
Sponsors & Family ADFM/ Prime  
Std/Extra Family

\*Adjusted by age, health status, education, and sex

# Background: TRS Enrollment Trend (at time of Survey)



**Trend in Enrollment in TRICARE Reserve Select Since Inception (July 2005 - August 2008)**



Note: TRS enrollment by Nov 2010 reached +170K, in ~25K member-only plans, +41K member + family plans

Note: TRS enrollment reached over 88,000 lives by the end of December 2008, after the present survey MHS Conference

# Why do eligible SelRes enroll in TRS?



## Summary of Findings

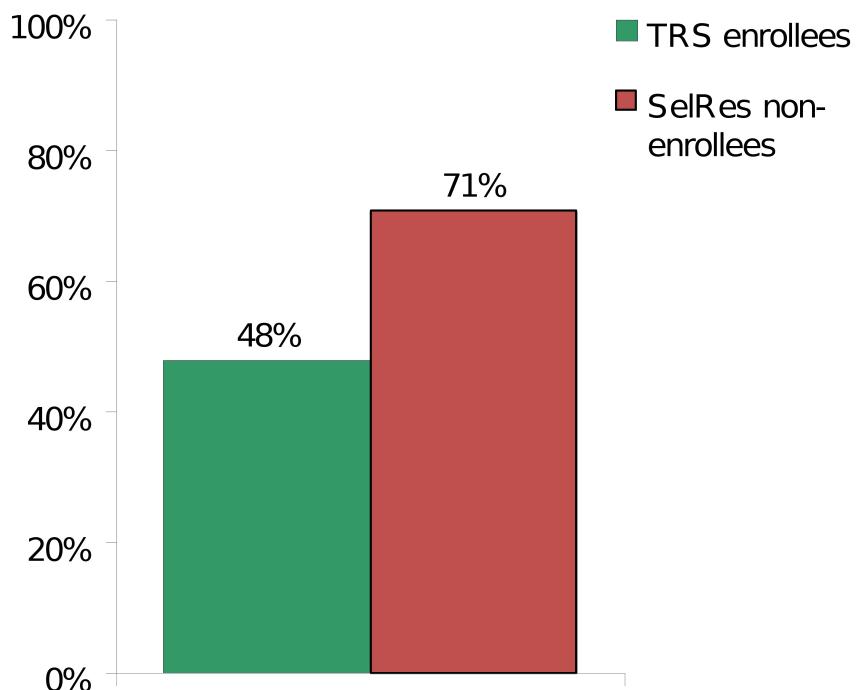
- Lack of civilian health insurance options
  - less than half of TRS enrollees had an opportunity to obtain civilian health insurance option, compared to over 70 percent of eligible, non-enrolled SelRes
- Recent changes
  - 60 percent of TRS enrollees said recent changes to the program – especially changes to eligibility – were the reasons they purchased TRS coverage
- Affordability
  - over half of TRS enrollees identified “TRS is more affordable than my alternatives” as the <sup>17</sup> most important reason for purchasing coverage

# Reasons to Purchase - Civilian Insurance Options and Recent Changes

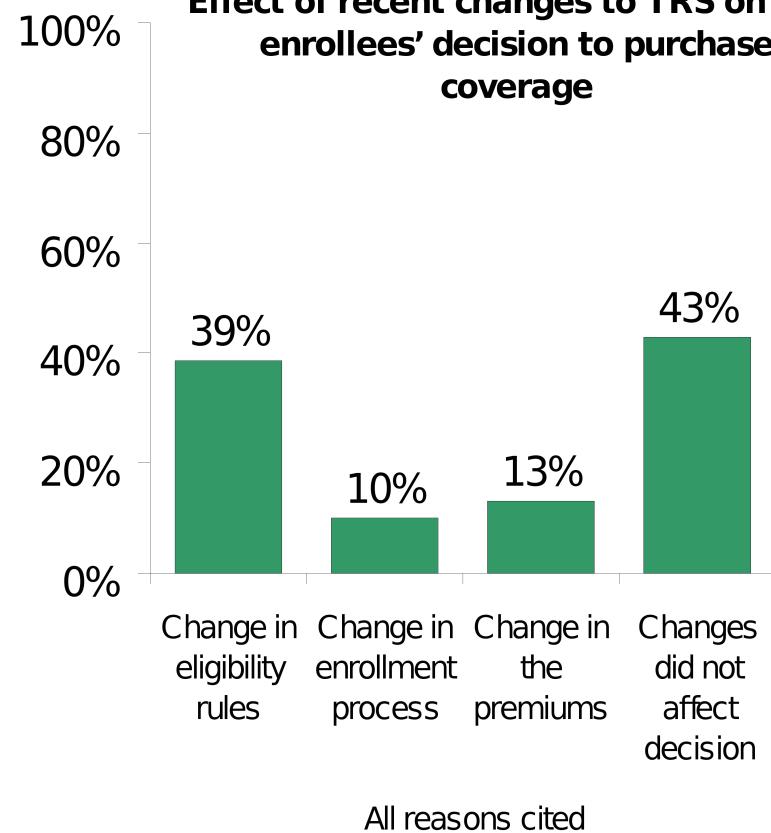


Less than half of TRS enrollees had a civilian health insurance option versus over 70 percent of eligible SelRes non-enrollees.

Opportunity to obtain civilian health insurance, by TRS enrollment

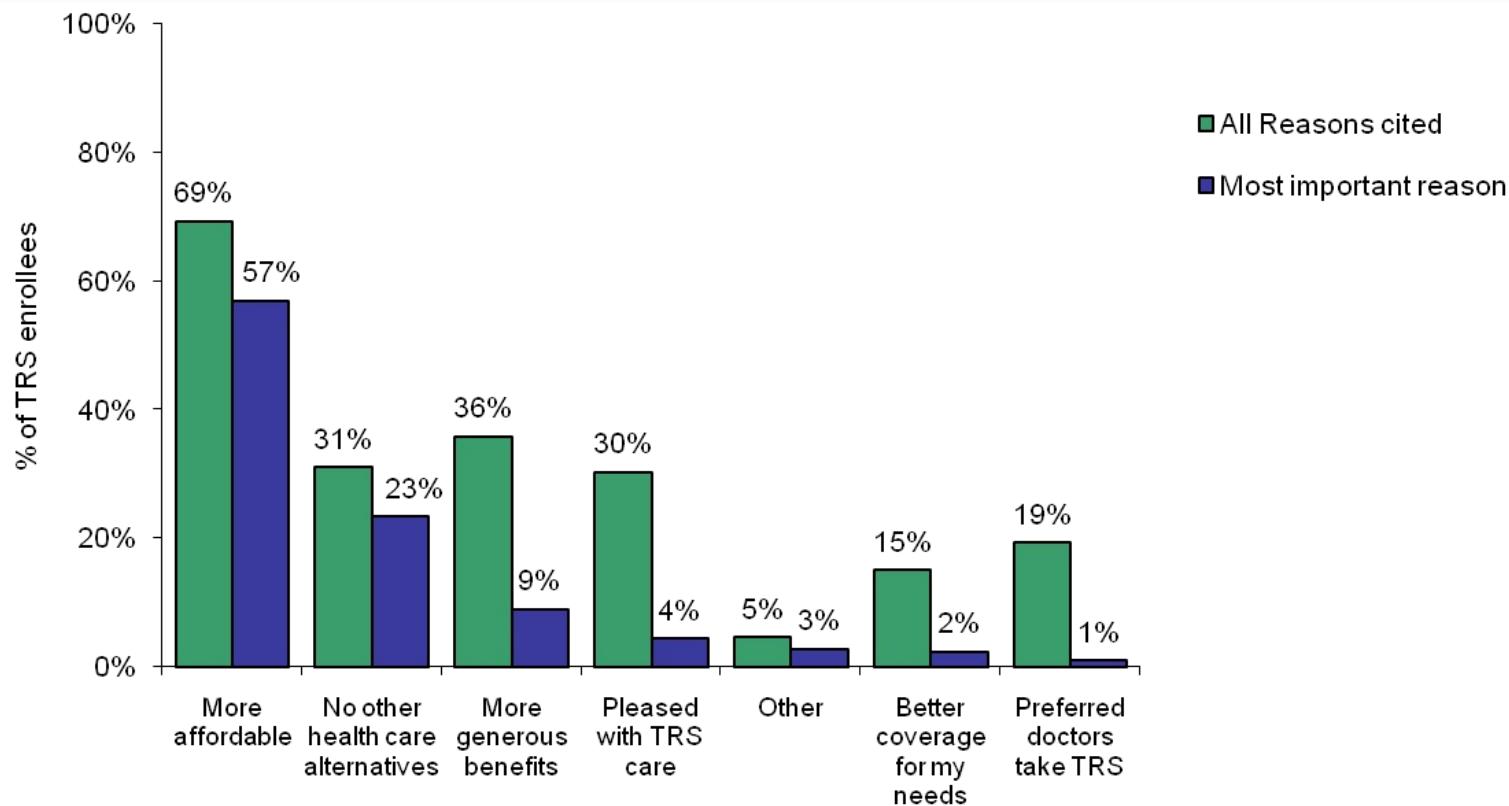


Effect of recent changes to TRS on TRS enrollees' decision to purchase coverage



Nearly 60% of TRS enrollees said recent changes - particularly to eligibility rules - affected their decision to enroll. Yet over 40 percent said recent changes did not influence their decision.

# Reasons to Purchase - All and Most Important Reasons Cited



- **“TRS was more affordable than my alternatives”**
  - the **most important reason** identified for purchasing coverage, followed by no other health care alternatives
- **Generosity of benefits**
  - **frequently cited** as a reason for purchasing coverage, but only 9% said it was the most important reason

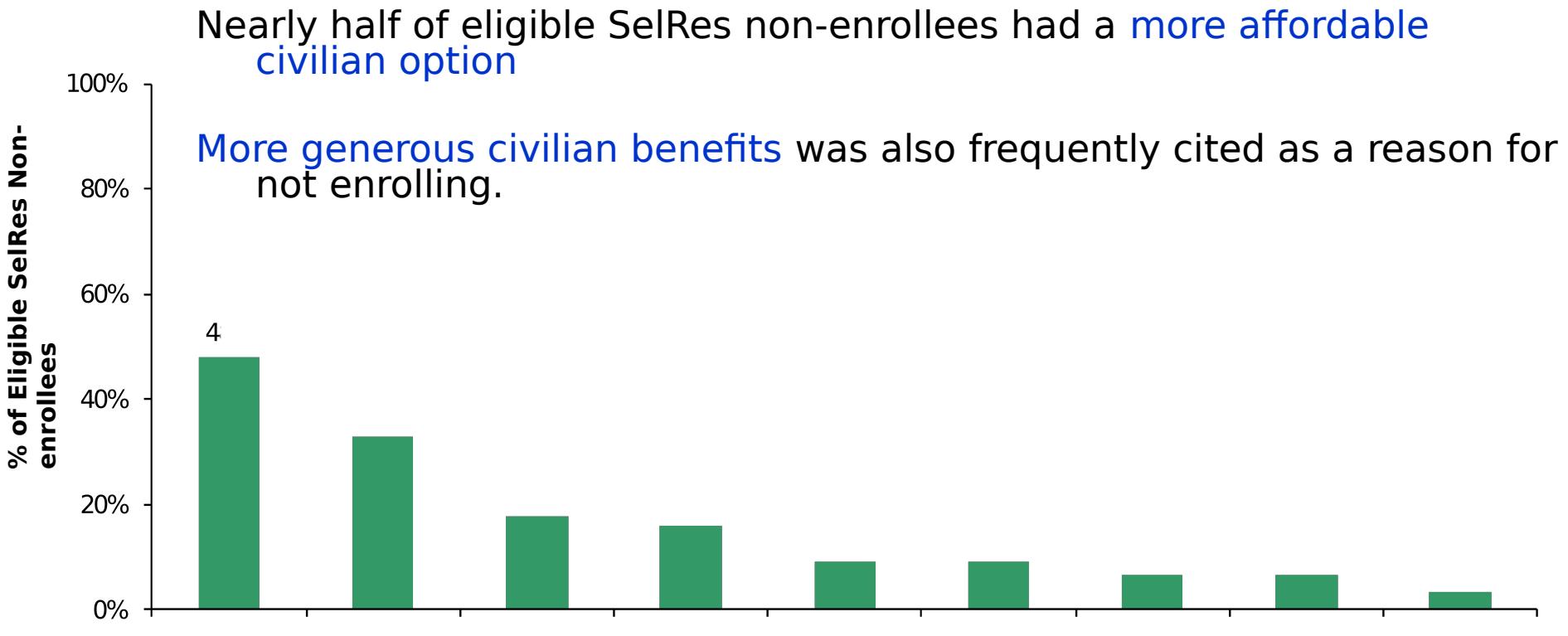


# Why do SelRes not enroll in TRS?

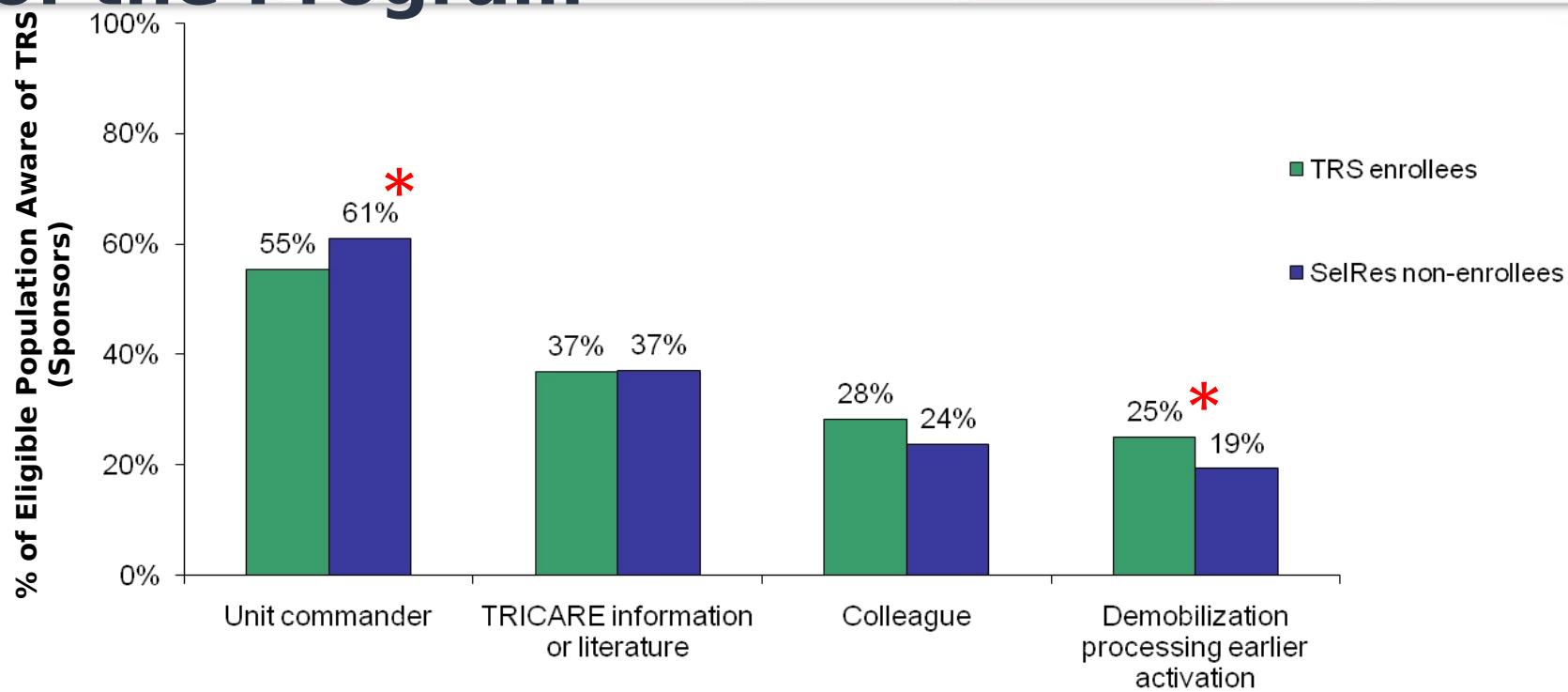
## Summary of Findings

- Awareness
  - less than half of eligible SelRes non-enrollees are aware of TRS
    - compared to those who are aware, the unaware tend to be younger, poorer, less educated, or in the Navy or Reserves and have no options for civilian insurance
- Affordability
  - among those aware of TRS, nearly half of eligible SelRes non-enrollees said they had a more affordable civilian option
- Civilian health insurance options
  - eligible SelRes non-enrollees had greater opportunity for civilian health insurance coverage

# Reasons Not to Purchase - All Reasons Cited for Not Purchasing TRS Coverage

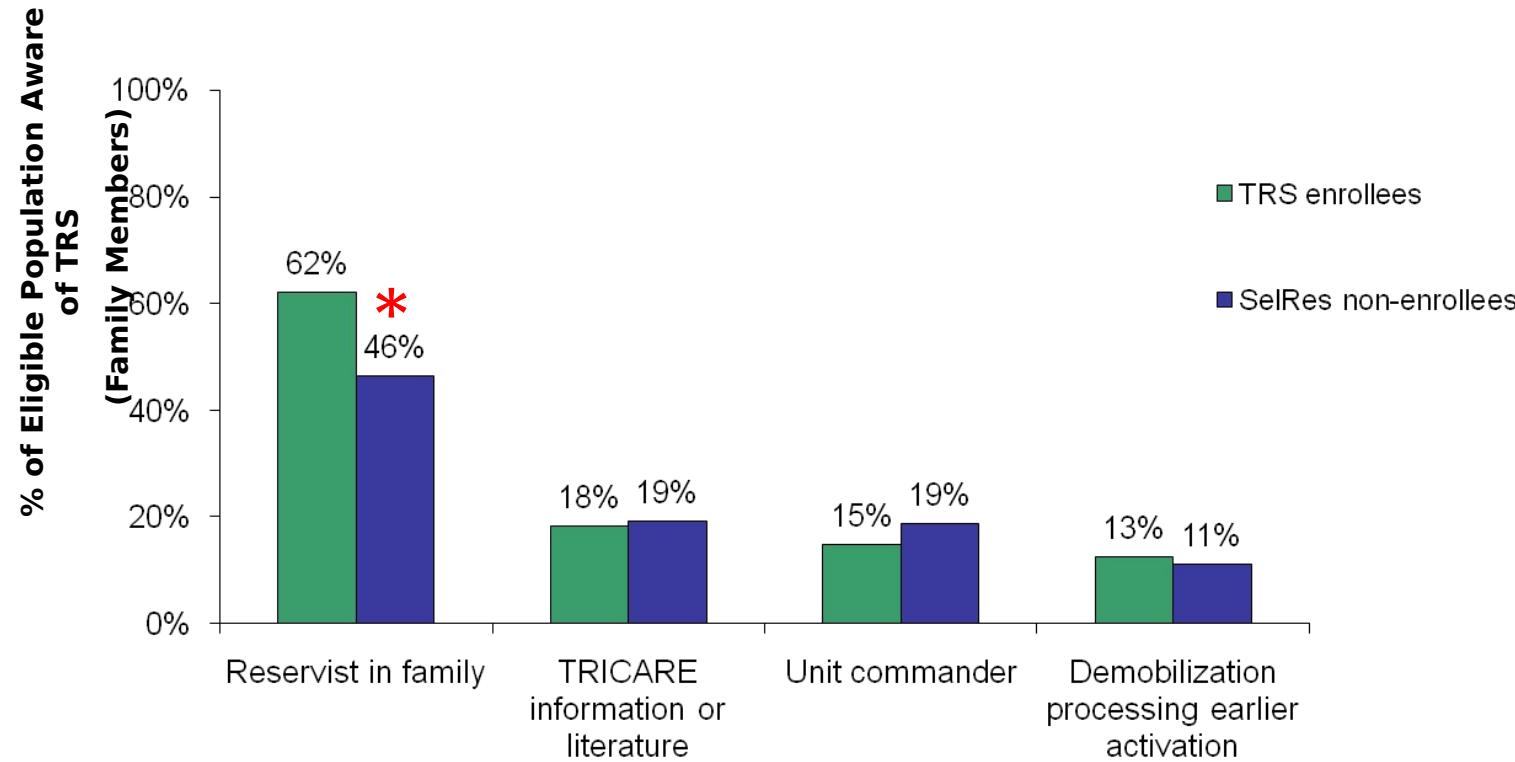


# Most Common Sources of TRS Information Among Sponsors Aware of the Program



- Sponsors identified Unit commanders as the source of information about TRS
- Among sponsors, TRS enrollees were more likely than eligible SelRes non-enrollees to learn about TRS through the demobilization process and less likely to identify a unit commander as the source of information
- Fewer than 10% learned about TRS through Reserve Affairs, supporting membership organizations, and news media

# Most Common Sources of TRS Information Among Family Members Aware of the Program



- Among family members, TRS enrollees were more likely than eligible SelRes non-enrollees to say a **Reservist in the family was the source of information about TRS**

# TRS Enrollee Satisfaction and Access Compared to SelRes, Prime & Standard



## Summary of Findings

- How do TRS enrollees' experiences with access to and satisfaction with health care compare to other TRICARE populations?
  - TRS enrollees reported comparable satisfaction and access compared to their SelRes non-enrolled counterparts, and were more likely to report getting care right away, good communication with providers and to assign satisfaction ratings of 8+ to health plans and to overall health care
  - TRS enrollees were similar to Standard/ Extra users on most aspects of access and satisfaction; TRS enrollees were more likely than Standard/ Extra users to report no problems getting needed care
  - TRS enrollees were more satisfied than Prime users on nearly all measures of access and satisfaction, although Prime users were more satisfied with their health plan
  - TRS enrollees living outside a MTF service area may be somewhat more satisfied than TRS enrollees living inside a MTF service area

# Comparison of TRS Ratings to Ratings of Other Plan Options



## by Active Duty Family Members

Care experiences	TRS Enrollees' Satisfaction Compared to:		
	Eligible SelRes Non-enrollees	Prime	Standard/Extra
<b>Getting needed care</b> No problem finding personal doctor No problem seeing specialist	No diff. No diff. No diff.	+	+
<b>Getting urgent care</b> Getting care right away when needed Routine care <15 minute wait for exam room	+	+	No diff. No diff. No diff.
<b>Doctors and medical care</b> Doctors communicate well Rating of 8+ for personal doctor Rating of 8+ for health care	+	+	No diff. No diff. No diff.
<b>Helpful office staff</b>	No diff.	+	No diff.
<b>Health plan (Rating of 8+ for health plan)</b>	+	--	No diff.

- TRS ratings were higher than Prime enrollees and statistically similar to eligible SelRes non-enrollees and to Standard/Extra users

-- TRS average rating is **LOWER** than the comparison group (Prime; Standard/Extra)

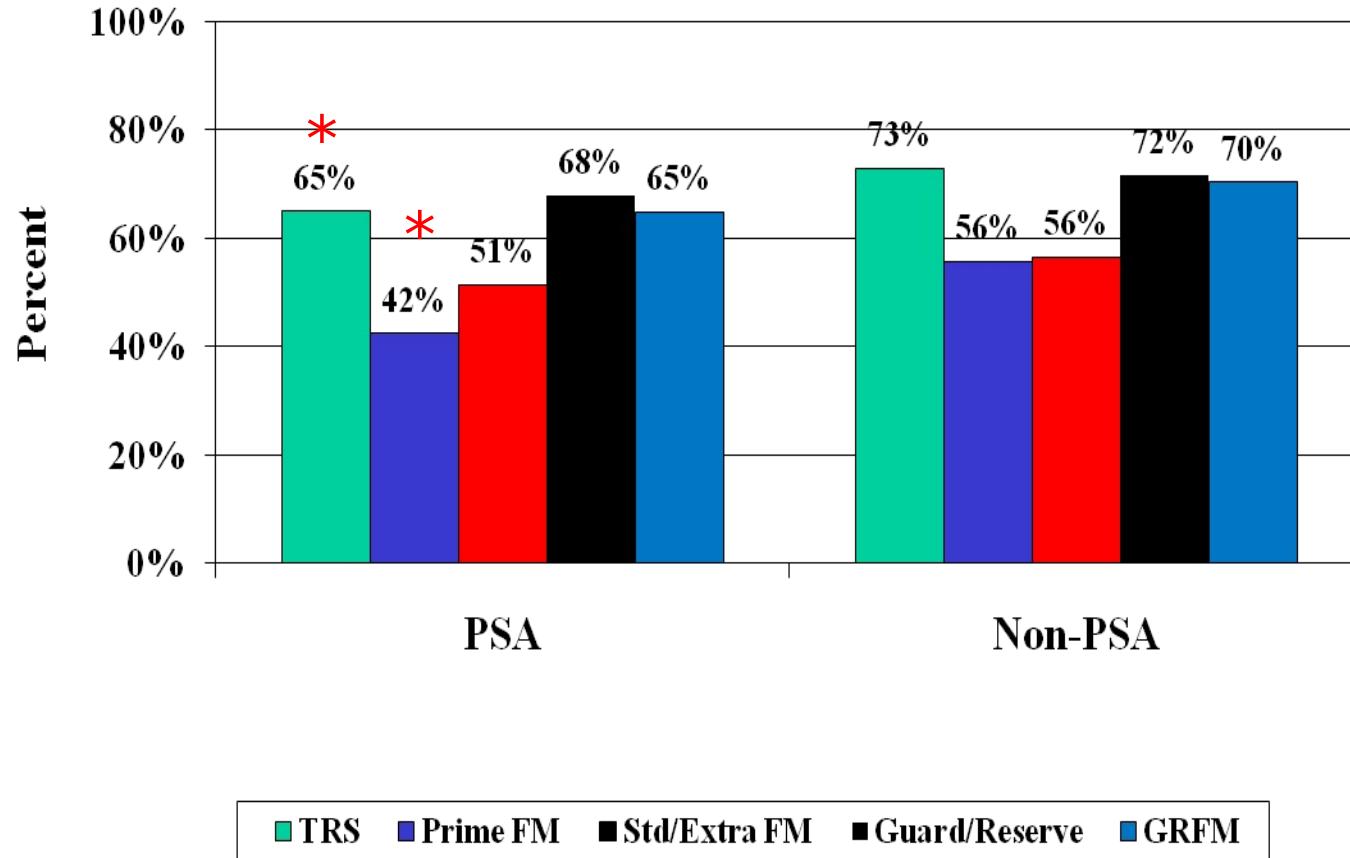
2011 MHS Conference + TRS average rating is **HIGHER** than the comparison group

No diff - **NO DIFFERENCE** statistically between TRS & the comparison group

# Combine HCSDB & TRS Results by Plan Type & Prime Network/Non-Network Locations



## No Problem Finding Personal Doctor



Rates are unadjusted.

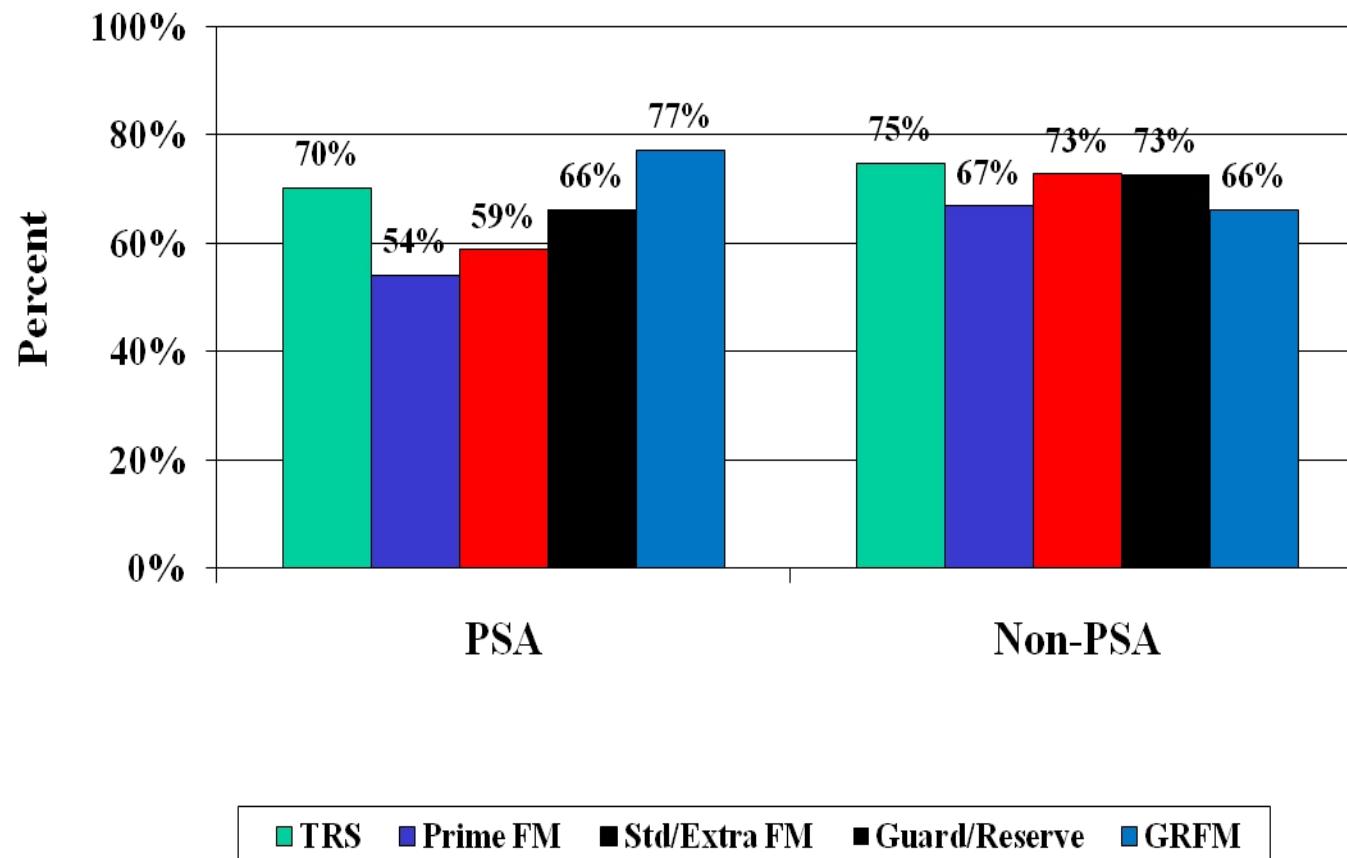
Source: TRICARE Reserve Select Survey and HCSDB, 2008

\* Differs from Non-PSA, p<0.05

# Combined HCSDB & TRS Results by Plan Type and Prime Network/Non-Network Locations



## No Problem Getting to See Specialist



Rates are unadjusted.

Source: TRICARE Reserve Select Survey and HCSDB, 2008

\* Differs from Non-PSA, p<0.05



# TRICARE Provider Access for MHS Beneficiaries Using TRICARE Standard & Extra

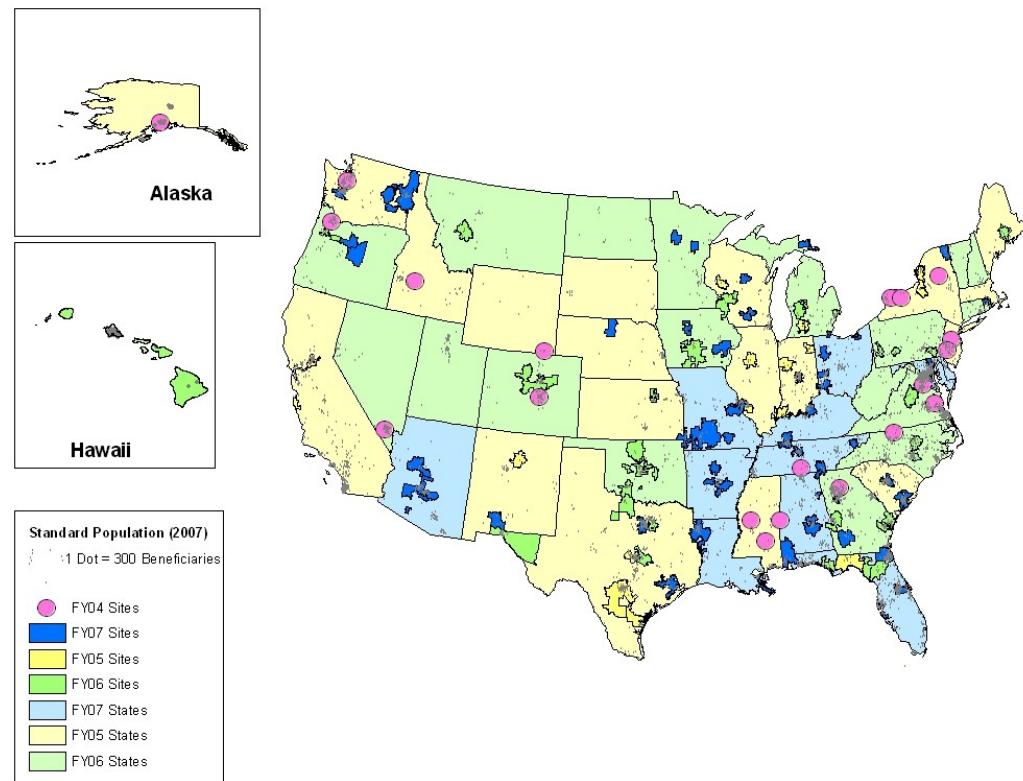
# 2005-2007 Surveys of Civilian Physicians Accepting TRICARE Standard/Extra



- Surveys required by Congress

- 81% of civilian physicians accept new TRICARE patients if they accepting any new patients at all
- 87% aware of TRICARE
- 18,500 physicians/year responded
  - all 50 states & Washington DC
  - over 100 local Hospital Service Areas chosen by beneficiary organizations, TRO's, and at random
  - 50% response rates
- Survey approach and results validated by GAO
- TRICARE Standard managers added to each TRO

2005-2007 Survey



# Civilian Providers Accepting, & Beneficiary Access to, TRICARE Standard/Extra



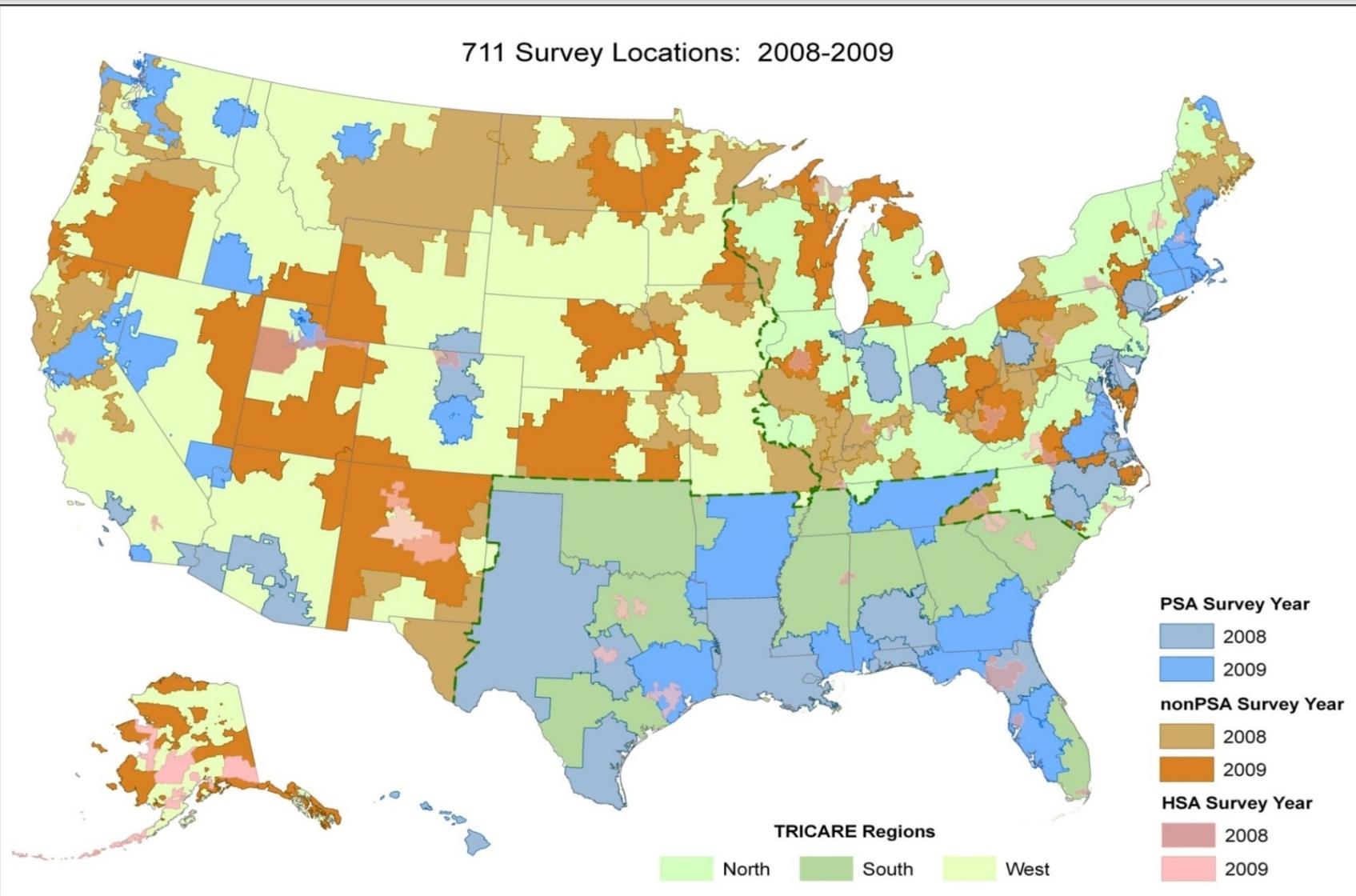
## 2008-2011 Congressionally-directed four-year Survey

- Survey civilian providers (physicians and non-physician mental health providers) to assess acceptance of TRICARE Standard/Extra patients
  - Equally survey where TRICARE Prime is offered and where it is not offered
  - Add sites identified by provider and beneficiary representatives
- Survey beneficiaries in same locations to identify access and satisfaction
  - Strategy: Sample beneficiaries eligible for Standard or Extra: non-enrolled Active Duty family, mobilized reservist family members, retirees under 65 and TRICARE Reserve Select (TRS) enrollees

# Four-Year U.S.-Wide Survey of Civilian Providers



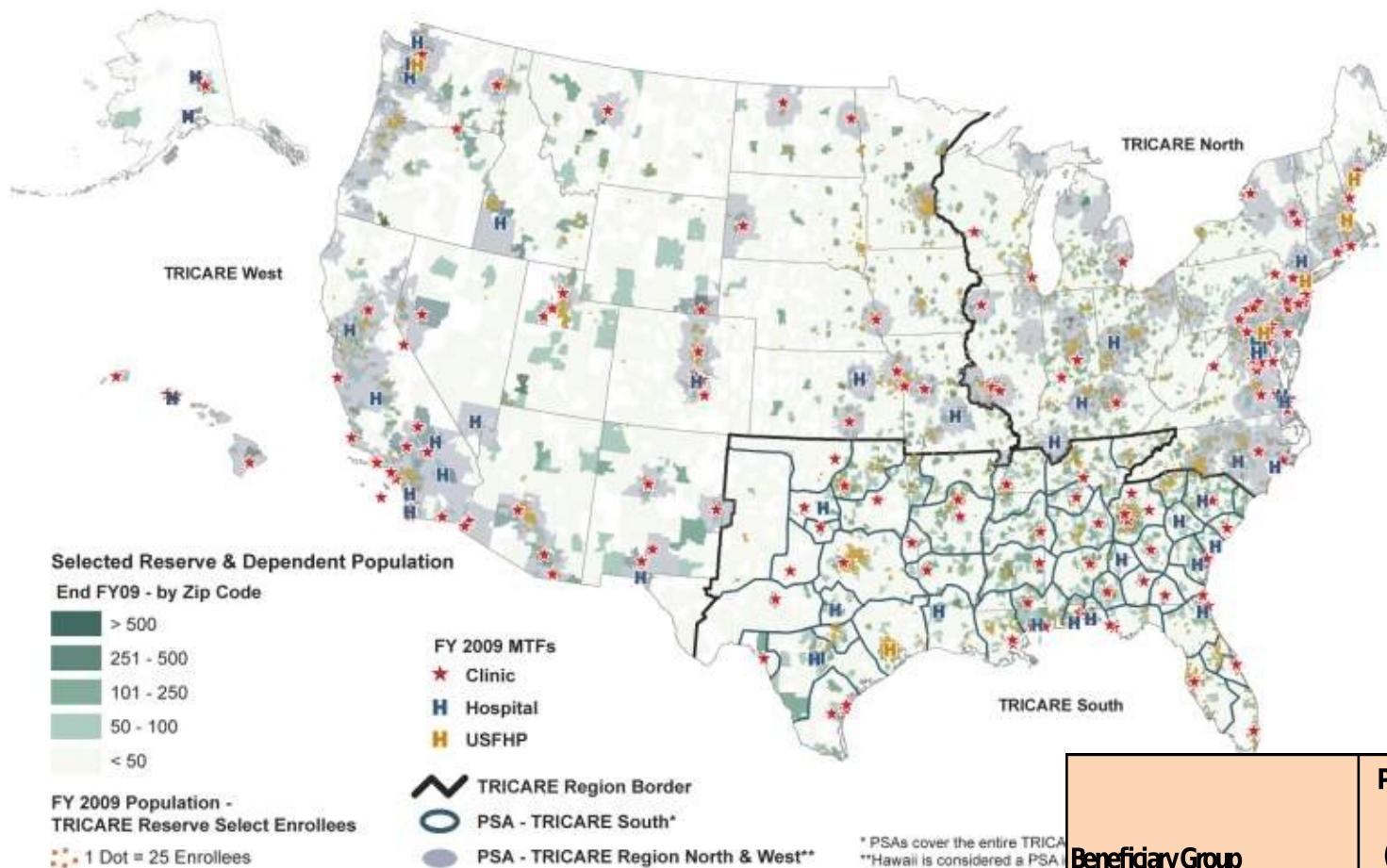
711 Survey Locations: 2008-2009



# Selected Reserve and Family Member Population



## SELECTED RESERVE POPULATION IN THE U.S. RELATIVE TO MTFs IN FY 2009



Source: Selected Reserve and Guard residential population data from DEERS, MTF information from Management Division, and geospatial representation by TMA/HPA&E, 12/23/2009

Beneficiary Group	Population Totals (Millions)	% Population in MTF Service Areas	% Population in Any Prime Service Area
Active Duty and Their Families	32	91%	98%
Selected Reserve and Their Families	22	56%	81%

# Summary of Key Findings after Two Years (2008-2009)



- 9 of 10 physicians and about 8 of 10 civilian providers overall (physician and behavioral health) are aware of the TRICARE program in general.
  - Physician results are similar to a 2005-07 Physician- only benchmark survey (both 87%).
- 7 of 10 physicians and 6 of 10 providers overall **accept new TRICARE Standard patients** if accepting any new patients.
  - Physician results are lower than 2005-07 benchmark
    - 69% vs. 81%.
  - Behavioral Health providers (psychiatrists and non physicians) report.
    - Lower awareness than non-psychiatrist-physicians
    - Lower acceptance of new TRICARE Standard and Medicare patients, than non-psychiatrist-physicians .

# Summary of Key Findings (Continued)



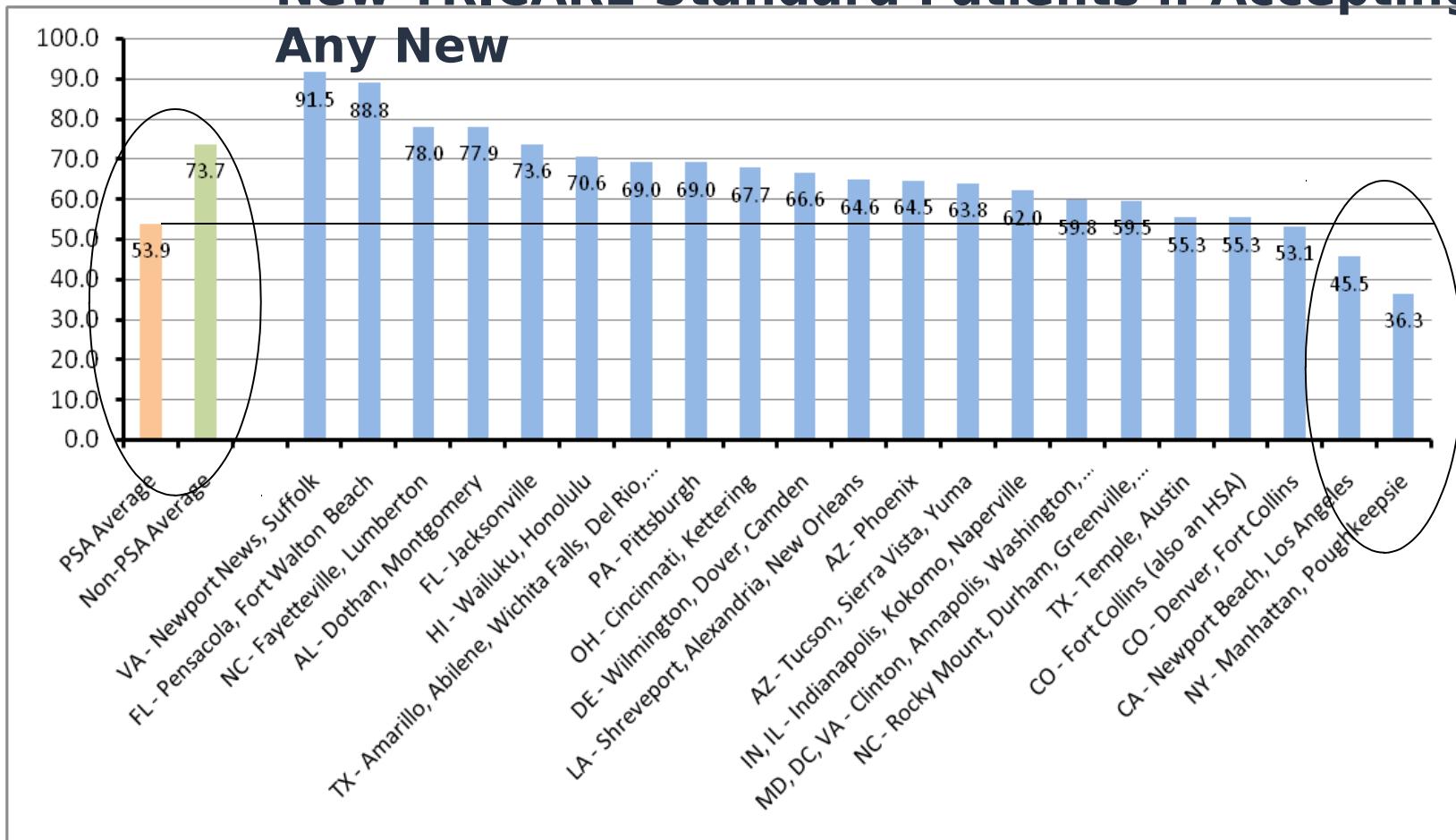
## PSA vs. non-PSA results

- Providers in Non-PSAs report higher rates of awareness and acceptance of TRICARE Standard/Extra than providers in PSAs.
  - As well as those accepting new Medicare patients.
- Similar results by primary care providers, specialists or psychiatrists, and most non-physician behavioral health providers.
- Variability among locations and provider specialties helps identify

# Example of 2008 Variation in PSA Results



# Percent of PSA Providers Accepting New TRICARE Standard Patients if Accepting Any New



- Newport News and Suffolk, VA had the highest percentage of providers accepting new TRICARE patients
- Manhattan, Poughkeepsie, NY had the lowest percent of providers report to accepting new patients

# Summary of Key Findings (Continued)



- Providers report that, generally, *TRICARE patients represent a small portion of their patient population*; averaging 4-5% across all PSAs and non-PSAs
- *The most common reasons cited by the 3 of 10 physicians* not accepting new TRICARE:
  - No new patients, reimbursement, miscellaneous, “don’t know/no answer”
  - Compared to physician-only 2005-07 benchmark reasons: Reimbursement, not accepting new patients, miscellaneous
- Behavioral Health (including psychiatrists) providers who do not accept new TRICARE report reasons:
  - “Don’t know/no answer,” reimbursement, problems getting into program, miscellaneous, specialty not covered



# Conclusions

- In general, activated Reserve sponsors and family members, and Active duty and their family members, report *similar access to, and satisfaction with* the Military Health System.
- TRS enrollees differ from the non-TRS-enrolled Selected Reserve in need for affordable health insurance- hence enroll in TRICARE.
- *TRS enrollees, compared to (1) their Selected Reserve counterparts who use their own health insurance, and (2) MHS Standard/Extra users, report similar access to, and satisfaction with* their health care.
- TRICARE Standard/Extra users report greater access to providers in non-PSAs than PSAs and civilian providers similarly report greater acceptance in non-PSA areas: *thus Selected Reservists and families may benefit to the extent they reside outside PSAs.*

# Questions?

